

SERIAL NO. 10/785,431

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	SANDERS	Examiner:	Malamud, D.
Serial No.:	10/785,431	Group Art Unit:	3766
Filed:	February 24, 2004	Docket No.:	GUID.048PA (01-158)
Title:	RECONFIGURABLE IMPLANTABLE CARDIAC MONITORING AND THERAPY DELIVERY DEVICE		

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this Transmittal Letter and the papers, as described herein, are being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 16, 2008.

By

*Reginae Johnson*  
Reginae Johnson

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
UNDER 37 C.F.R. §1.97(c)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants respectfully submit the item of information on the enclosed Form 1449 for the attention of the Examiner in the above-identified application.

This statement should be considered because it is submitted after the mailing date of the first Office Action on the merits but before the mailing date of a final Office Action under 37 C.F.R. §1.113 or a Notice of Allowance under 37 C.F.R. §1.311. Please charge Deposit Account 50-3581 (GUID.048PA) the amount of \$180.00 under 37 C.F.R. §1.17(p) for consideration of the item.

Applicant has not provided a copy of the U.S. publication/patents listed on the enclosed Form 1449 in accordance with 37 C.F.R. §1.98(a)(2).

04/22/2008 SDENB0B3 00000012 503581 10785431

01 FC:1806

180.00 DA

No representation is made that the reference is "prior art" within the meaning of 35 U.S.C. §§102 and 103. In addition, Applicant does not represent that a reference has been thoroughly reviewed or that any relevance of any portion of a reference is intended, and reserve the right to establish otherwise under 37 C.F.R. §1.131 or others.

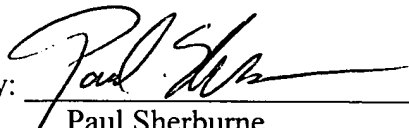
Consideration of the items listed is respectfully requested. According to MPEP §609, Applicant requests that the Examiner return a copy of the attached Form 1449, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

Authorization is hereby given to charge any additional fees or credit any overpayments that may be deemed necessary to Deposit Account Number 50-3581 (GUID.048PA).

Respectfully submitted,

HOLLINGSWORTH & FUNK, LLC  
8009 34<sup>th</sup> Avenue South, Suite 125  
Minneapolis, MN 55425  
952.854.2700

Date: April 16, 2008

By:   
Paul Sherburne  
Reg. No. 57,843